

L Number	Hits	Search Text	DB	Time stamp
1	1	jacobus and christianus and johannes and stiekema	USPAT; EPO; JPO; DERWENT	2003/06/26 19:14
11	0	jean adj3 marc adj3 herbert	USPAT; EPO; JPO; DERWENT	2003/06/26 19:15
6	84	jean and marc and herbert	USPAT; EPO; JPO; DERWENT	2003/06/26 19:19
16	1691	dialysis and anticoagulants	USPAT; EPO; JPO; DERWENT	2003/06/26 19:19
21	2669	glucopyranosyl	USPAT; EPO; JPO; DERWENT	2003/06/26 19:19
26	19	(dialysis and anticoagulants) and glucopyranosyl	USPAT; EPO; JPO; DERWENT	2003/06/26 19:24
31	339	extracorporeal adj5 circuit and clotting	USPAT; EPO; JPO; DERWENT	2003/06/26 19:25
36	197	extracorporeal adj5 circuit and clotting and anticoagulant	USPAT; EPO; JPO; DERWENT	2003/06/26 19:25
41	1	(extracorporeal adj5 circuit and clotting and anticoagulant) and glucopyranosyl	USPAT; EPO; JPO; DERWENT	2003/06/26 19:26
46	8	(extracorporeal adj5 circuit and clotting and anticoagulant) and kidney adj dialysis	USPAT; EPO; JPO; DERWENT	2003/06/26 19:26
-	1032224	coating		2003/06/26 19:11
-	57	(ANTICOAGULANT ADJ (COATING))		2000/06/23 09:29
-	16735	heparin		2000/06/23 09:30
-	33	((ANTICOAGULANT ADJ (COATING))) AND (HEPARIN))		2000/06/23 09:30
-	7	"5378829"	USPAT; EPO; JPO; DERWENT	2002/02/20 13:48
-	3093	glycosaminoglycan	USPAT; EPO; JPO; DERWENT	2002/02/20 13:48
-	423	glycosaminoglycan and clotting	USPAT; EPO; JPO; DERWENT	2002/02/20 13:49
-	0	((glycosaminoglycan and clotting) and extracorporeal) and glucopyranosyl	USPAT; EPO; JPO; DERWENT	2002/02/20 13:50
-	0	((glycosaminoglycan and clotting) and extracorporeal) and pyranosyl	USPAT; EPO; JPO; DERWENT	2002/02/20 13:50
-	72	(glycosaminoglycan and clotting) and extracorporeal	USPAT; EPO; JPO; DERWENT	2002/02/20 13:50

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NEWS	5	Aug 19	Aquatic Toxicity Information Retrieval (AQUIRE) now available on STN
NEWS	6	Aug 26	Sequence searching in REGISTRY enhanced
NEWS	7	Sep 03	JAPIO has been reloaded and enhanced
NEWS	8	Sep 16	Experimental properties added to the REGISTRY file
NEWS	9	Sep 16	CA Section Thesaurus available in CAPLUS and CA
NEWS	10	Oct 01	CASREACT Enriched with Reactions from 1907 to 1985
NEWS	11	Oct 24	BEILSTEIN adds new search fields
NEWS	12	Oct 24	Nutraceuticals International (NUTRACEUT) now available on STN
NEWS	13	Nov 18	DKILIT has been renamed APOLLIT
NEWS	14	Nov 25	More calculated properties added to REGISTRY
NEWS	15	Dec 04	CSA files on STN
NEWS	16	Dec 17	PCTFULL now covers WP/PCT Applications from 1978 to date
NEWS	17	Dec 17	TOXCENTER enhanced with additional content
NEWS	18	Dec 17	Adis Clinical Trials Insight now available on STN
NEWS	19	Jan 29	Simultaneous left and right truncation added to COMPENDEX, ENERGY, INSPEC
NEWS	20	Feb 13	CANCERLIT is no longer being updated
NEWS	21	Feb 24	METADEx enhancements
NEWS	22	Feb 24	PCTGEN now available on STN
NEWS	23	Feb 24	TEMA now available on STN
NEWS	24	Feb 26	NTIS now allows simultaneous left and right truncation
NEWS	25	Feb 26	PCTFULL now contains images
NEWS	26	Mar 04	SDI PACKAGE for monthly delivery of multifile SDI results
NEWS	27	Mar 20	EVENTLINE will be removed from STN
NEWS	28	Mar 24	PATDPAFULL now available on STN
NEWS	29	Mar 24	Additional information for trade-named substances without structures available in REGISTRY
NEWS	30	Apr 11	Display formats in DGENE enhanced
NEWS	31	Apr 14	MEDLINE Reload
NEWS	32	Apr 17	Polymer searching in REGISTRY enhanced
NEWS	33	Jun 13	Indexing from 1947 to 1956 added to records in CA/CAPLUS
NEWS	34	Apr 21	New current-awareness alert (SDI) frequency in WPIDS/WPINDEX/WPIX
NEWS	35	Apr 28	RDISCLOSURE now available on STN
NEWS	36	May 05	Pharmacokinetic information and systematic chemical names added to PHAR
NEWS	37	May 15	MEDLINE file segment of TOXCENTER reloaded
NEWS	38	May 15	Supporter information for ENCOMPPAT and ENCOMPLIT updated
NEWS	39	May 16	CHEMREACT will be removed from STN
NEWS	40	May 19	Simultaneous left and right truncation added to WSCA
NEWS	41	May 19	RAPRA enhanced with new search field, simultaneous left and right truncation
NEWS	42	Jun 06	Simultaneous left and right truncation added to CBNB

NEWS 43 Jun 06 PASCAL enhanced with additional data
NEWS 44 Jun 20 2003 edition of the FSTA Thesaurus is now available
NEWS 45 Jun 25 HSDB has been reloaded

NEWS EXPRESS April 4 CURRENT WINDOWS VERSION IS V6.01a, CURRENT
MACINTOSH VERSION IS V6.0b(ENG) AND V6.0Jb(JP),
AND CURRENT DISCOVER FILE IS DATED 01 APRIL 2003
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FILE COVERS 1907 - 26 Jun 2003 VOL 138 ISS 26

FILE LAST UPDATED: 25 Jun 2003 (20030625/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> s clotting and extracorporeal and kidney and dialysis

14554 CLOTTING

4 CLOTTINGS

14557 CLOTTING

(CLOTTING OR CLOTTINGS)

5471 EXTRACORPOREAL

1 EXTRACORPOREALS

5471 EXTRACORPOREAL

(EXTRACORPOREAL OR EXTRACORPOREALS)

238169 KIDNEY

59074 KIDNEYS
257497 KIDNEY
(KIDNEY OR KIDNEYS)

48393 DIALYSIS
149 DIALYSES
48446 DIALYSIS

(DIALYSIS OR DIALYSES)

L1 7 CLOTTING AND EXTRACORPOREAL AND KIDNEY AND DIALYSIS

=> s L1 and glucopyranosyl
10839 GLUCOPYRANOSYL
4 GLUCOPYRANOSYLS
10840 GLUCOPYRANOSYL
(GLUCOPYRANOSYL OR GLUCOPYRANOSYLS)

L2 0 L1 AND GLUCOPYRANOSYL

=> d L1 1-7 ibib abs hitrn

L1 ANSWER 1 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 2002:359362 CAPLUS

DOCUMENT NUMBER: 137:922

TITLE: Anticoagulation with prostaglandins and unfractionated heparin during continuous venovenous haemofiltration: a randomized controlled trial

AUTHOR(S): Kozek-Langenecker, Sibylle A.; Spiss, Christian K.; Gamsjager, Thomas; Domenig, Christoph; Zimpfer, Michael

CORPORATE SOURCE: Departments of Anaesthesiology and Intensive Care B, School of Medicine, University of Vienna, Vienna, Austria

SOURCE: Wiener Klinische Wochenschrift (2002), 114(3), 96-101
CODEN: WKWOAO; ISSN: 0043-5325

PUBLISHER: Springer-Verlag Wien

DOCUMENT TYPE: Journal

LANGUAGE: English

AB The objective of this prospective, randomized, controlled clin. study was to compare efficacy, safety, and costs of fixed-dose prostaglandins with adjusted-dose unfractionated heparin as anticoagulants for continuous venovenous hemofiltration. Perioperative critically ill patients requiring continuous hemofiltration for acute renal failure received unfractionated heparin anticoagulation titrated to achieve an activated clotting time in the extracorporeal system of > 120 s. Patients were randomly assigned to receive a test infusion contg. either prostaglandin I2 (5 ng/kg/min; group I; n = 15; 75 filters), prostaglandin E1 (5 ng/kg/min; group E; n = 18; 72 filters), or placebo (group H; n = 17; 63 filters). Heparin and test solns. were infused into the extracorporeal circuit before the hemofilter. All AN69-surface hollow fiber filters were primed with normal saline contg. 5.000 IU heparin. The primary outcome measure - adequate hemofilter life span > 24 h - was compared by using Cochran's Q test. There was a significant difference in the frequencies of adequate hemofilter life span between the groups (36% group H, 65% group I, 59% group E; P < 0.05 vs. group H). There were 6 bleeding episodes in group H, 2 in group E, and only 1 trivial bleeding episode in group I (P < 0.05 vs. group H). Daily costs of hemofiltration were 61% higher in group I and 23% higher in group E than in group H (P < 0.05 vs. group H). A heparin-sparing effect of prostaglandins was obsd. Fixed-dose prostaglandins I2 and E1 reduced the incidence of hemofilter failure and bleeding when compared with adjusted-dose unfractionated heparin. There was no significant difference between the two prostaglandin groups. The increase in daily costs for hemofiltration treatment under prostaglandins is not clin. relevant.

REFERENCE COUNT: 33 THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L1 ANSWER 2 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 2001:607483 CAPLUS

DOCUMENT NUMBER: 136:314866

TITLE: Sustained low-efficiency **dialysis** for critically ill patients requiring renal replacement therapy

AUTHOR(S): Marshall, Mark R.; Golper, Thomas A.; Shaver, Mary J.; Alam, Muhammad G.; Chatoth, Dinesh K.

CORPORATE SOURCE: Division of Nephrology, Department of Internal Medicine, University of Arkansas for Medical Sciences, Little Rock, AR, USA

SOURCE: Kidney International (2001), 60(2), 777-785

CODEN: KDYIA5; ISSN: 0085-2538

PUBLISHER: Blackwell Science, Inc.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB The replacement of renal function for critically ill patients is procedurally complex and expensive, and none of the available techniques have proven superiority in terms of benefit to patient mortality. In hemodynamically unstable or severely catabolic patients, however, the continuous therapies have practical and theor. advantages when compared with conventional intermittent hemodialysis (IHD). We present a single center experience accumulated over 18 mo since July 1998 with a hybrid technique named sustained low-efficiency **dialysis** (SLED), in which std. IHD equipment was used with reduced dialyzate and blood flow rates. Twelve-hour treatments were performed nocturnally, allowing unrestricted access to the patient for daytime procedures and tests. One hundred forty-five SLED treatments were performed in 37 critically ill patients in whom IHD had failed or been withheld. The overall mean SLED treatment duration was 10.4 h because 51 SLED treatments were prematurely discontinued. Of these discontinuations, 11 were for intractable hypotension, and the majority of the remainder was for **extracorporeal** blood circuit clotting. Hemodynamic stability was maintained during most SLED treatments, allowing the achievement of prescribed ultrafiltration goals in most cases with an overall mean shortfall of only 240 mL per treatment. Direct **dialysis** quantification in nine patients showed a mean delivered double-pool Kt/V of 1.36 per (completed) treatment. Mean phosphate removal was 1.5 g per treatment. Mild hypophosphatemia and/or hypokalemia requiring supplementation were obsd. in 25 treatments. Obsd. hospital mortality was 62.2%, which was not significantly different from the expected mortality as detd. from the APACHE II illness severity scoring system. SLED is a viable alternative to traditional continuous renal replacement therapies for critically ill patients in whom IHD has failed or been withheld, although prospective studies directly comparing two modalities are required to define the exact role for SLED in this setting.

REFERENCE COUNT: 34 THERE ARE 34 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L1 ANSWER 3 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1999:767173 CAPLUS

DOCUMENT NUMBER: 132:231701

TITLE: Recombinant hirudin (lepirudin) as anticoagulant in intensive care patients treated with continuous hemodialysis

AUTHOR(S): Fischer, Karl-Georg; Van de Loo, Andreas; Bohler, Joachim

CORPORATE SOURCE: Department of Medicine, Division of Nephrology and Division of Cardiology and Angiology, University Hospital Freiburg, Freiburg, Germany

SOURCE: Kidney International, Supplement (1999), 72, S46-S50

CODEN: KISUDF; ISSN: 0098-6577

PUBLISHER: Blackwell Science, Inc.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Background: Recombinant hirudin (lepirudin) is a potent direct thrombin inhibitor, which has been approved for the treatment of heparin-induced thrombocytopenia type II (HIT). Because the drug is mainly eliminated by the **kidneys**, a single loading dose of hirudin may induce therapeutic anticoagulation for up to one week in patients with renal insufficiency. Thus, the use of hirudin in critically ill patients with renal failure could markedly increase their bleeding risk. In this study, hirudin was used in critically ill patients with suspected HIT while on continuous venovenous hemodialysis (CVVHD). Methods: Hirudin anticoagulation was performed in seven critically ill patients with suspected HIT. Four patients were initially anuric. Three patients had residual renal function. In all 64 CVVHD treatments (mean duration 12 h), a polysulfone high-flux hemodialyzer (0.75 m²) with a dialyzate flow rate of 1.5 L/h and an ultrafiltration rate of up to 200 mL/h was used. Hirudin was given either as continuous i.v. infusion or as repetitive i.v. boli. Monitoring of anticoagulation was performed by measurements of the systemic activated partial thromboplastin time (aPTT). Results: Hirudin dosage had to be individualized according to the risk of bleeding or **clotting**. During CVVHD, a continuous i.v. infusion (0.006 to 0.025 mg/kg body wt/h, N = 2) or repetitive i.v. boli (0.007 to 0.04 mg/kg, N = 5) were given. Two patients required blood transfusions prior to and during hirudin treatment. In five patients without a high bleeding risk, the hirudin dose was adjusted to achieve the target aPTT (1.5 to 2.0 .times. baseline) in order to prevent thrombotic complications or frequent **clotting** in the **extracorporeal** circuit. Hirudin dose requirements depended on residual renal function and **extracorporeal** clearance. Conclusions: We conclude from these first clin. data that anticoagulation with hirudin in critically ill patients on continuous hemodialysis can be performed without excessive bleeding risk by combining close clin. and lab. monitoring. The hirudin dose has to be reduced because of renal failure, and may require adjustment for residual or recovering renal function and **extracorporeal** elimination.

REFERENCE COUNT: 13 THERE ARE 13 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L1 ANSWER 4 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1996:17391 CAPLUS

DOCUMENT NUMBER: 124:135143

TITLE: Failure of low molecular weight dextran to prevent **clotting** during continuous renal replacement therapy

AUTHOR(S): Palevsky, Paul M.; Burr, Renee; Moreland, Lynn; Tokiwa, Yumiko; Greenberg, Arthur

CORPORATE SOURCE: School Medicine, University Pittsburgh, Pittsburgh, PA, 15261, USA

SOURCE: ASAIO Journal (1995), 41(4), 847-9

CODEN: AJOUET; ISSN: 1058-2916

PUBLISHER: Lippincott-Raven

DOCUMENT TYPE: Journal

LANGUAGE: English

AB **Clotting** of the **extracorporeal** circuit during continuous renal replacement therapy results in decreased ultrafiltration rates, impaired solute clearance and, ultimately, occlusion of the **extracorporeal** circuit. The authors conducted an open-label randomized controlled trial to det. whether low mol. wt. dextran could prevent hemofilter **clotting** in patients undergoing continuous venovenous hemodialysis. Eleven patients were randomized to receive a continuous infusion of 10% low mol. wt. dextran at 25 mL/h; 8 patients served as control subjects. No differences in the frequency of hemofilter **clotting** or hemofilter lifespan were detected. The authors concluded that continuous infusion of low dose low mol. wt. dextran is not effective in preventing **clotting** during continuous renal

replacement therapy.

L1 ANSWER 5 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1993:225262 CAPLUS

DOCUMENT NUMBER: 118:225262

TITLE: The pharmacokinetics and pharmacodynamics of dermatan sulfate MF701 during hemodialysis for chronic renal failure

AUTHOR(S): Gianese, F.; Nurmohamed, M. T.; Imbimbo, B. P.;

Buller, H. R.; Berckmans, R. J.; Ten Cate, J. W.

CORPORATE SOURCE: Med. Dep., Mediolanum Farm., Milan, Italy

SOURCE: British Journal of Clinical Pharmacology (1993), 35(3), 335-9

CODEN: BCPHBM; ISSN: 0306-5251

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Single i.v. bolus doses of dermatan sulfate MF701 were administered before the onset of hemodialysis to patients with chronic renal failure, to prevent clotting in the extracorporeal circuit. Six patients received 2 mg kg⁻¹; six were given 2.5 and 3 mg kg⁻¹; 13 received 4.5 and 6 mg kg⁻¹. Plasma MF701 concns. (chromogenic assay), activated partial thromboplastin time (APTT) and plasma markers of coagulation and platelet activation (TAT and .beta.-TG) were measured over 4 or 8 h from the onset of dialysis. The disposition of MF701 was described by a monoexponential function. C(0) And AUC values increased proportionally with dose. Vols. of distribution (.apprxeq.41) were dose-independent. Half-lives showed a non significant increase with dose (from 2.2 to 3.1 h) and were 2.5-3 times longer than those reported for healthy subjects. There was a significant correlation between plasma MF701 concn. and its effects in prolonging APTT and suppressing TAT and .beta.-TG generation during dialysis.

L1 ANSWER 6 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1985:464655 CAPLUS

DOCUMENT NUMBER: 103:64655

TITLE: Anticoagulant effects of a low molecular weight heparinoid (ORG 10172) in human volunteers and hemodialysis patients

AUTHOR(S): Ten Cate, H.; Henny, C. P.; Ten Cate, J. W.; Bueller,

H. R.; Mooy, M. C.; Surachno, S.; Wilmink, J. M.

CORPORATE SOURCE: Dep. Haematol., Acad. Med. Cent., Amsterdam, 1105 AZ, Neth.

SOURCE: Thrombosis Research (1985), 39(2), 211-22

CODEN: THBRAA; ISSN: 0049-3848

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Org 10172, a low MW heparinoid derived from animal intestinal mucosal tissue, has a mean mol. wt. of 6500 dalton and a specific activity of 8.0 anti-Xa U/mg. Its elimination half-life after i.v. administration is 18 h. Six human volunteers received repeated single i.v. injections of 800 and 3200 anti-Xa units of Org 10172, 5000 IU heparin, or placebo. Bleeding time, platelet count and plasma .beta.-thromboglobulin were not affected by Org 10172 or heparin. Heparin stimulated ADP-induced platelet aggregation (0.2 .mu.M) and inhibited thrombin induced aggregation (0.3 U/mL), while the heparinoid lacked these effects. Heparin increased plasma platelet factor 4, whereas Org 10172 had no effect. In contrast to heparin Org 10172 had only a minor effect on the activated partial thromboplastin time and thrombin time, while both compds. induced anti-Xa activity in plasma. In a crossover study in six hemodialysis patients, both heparin and Org 10172 hemodialysis patients, both heparin and Org 10172 (34.4 and 22.4 anti-Xa units/kg) successfully prevented clotting of the extracorporeal circuit. Microscopical anal. of the artificial kidney membranes showed that the 34.4 unit Org 10172 dosage was as effective as heparin in preventing fibrin

deposition. The hemostatic and coagulation effect were as expected from those obsd. in the volunteers except that there was a slower elimination of the plasma anti-Xa response. In addn. heparin and Org 10172 (34.4 anti-Xa units/kg) inhibited the Xa-induced platelet aggregation, resp.

L1 ANSWER 7 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1982:135186 CAPLUS

DOCUMENT NUMBER: 96:135186

TITLE: The determination of aluminum in human plasma

AUTHOR(S): Wawschinek, O.; Petek, W.; Lang, J.; Pogglitsch, H.;
Holzer, H.

CORPORATE SOURCE: Inst. Med. Biochem. Med. Clin., Univ. Graz, Graz,
Austria

SOURCE: Mikrochimica Acta (1982), 1(5-6), 335-9

CODEN: MIACAQ; ISSN: 0026-3672

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Blood plasma Al was detd. in healthy subjects and in **dialysis** patients under Al antacid therapy by flameless at. absorption spectrophotometry. EDTA-coated, Al-free plastic tubes were used to prevent blood **clotting** and avoid Al contamination, and plasma was dild. with a mixt. contg. Triton X100 and NH₄NO₃ (ashing agent) to avoid problems of plasma viscosity and formation of C residues. The required sample size was 250 .mu.L. The std. curve was linear up to 600 .mu.g Al/L, and recoveries were 97-105%. Plasma Al levels in healthy subjects and in patients with slight renal failure ranged 3-39 .mu.g/L and 16-63 .mu.g/L, resp. In **dialysis** patients under oral Al therapy, levels as high as 930 .mu.g Al/L were reached, but when less sol. Al antacids were used, levels .ltoreq.200 .mu.g Al/L could be achieved.